Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1920				 	Application Number 10/55		1,251		
							9/15/2006		
				First N	First Named Inventor A		Ananya Mukhopadhyay		
				Exami	Examiner Name		Sunray Chang		
				1	Art Unit 2121				
				Attorn	Attorney Docket 4544 - 052		909		
METHOD OF PAYN	IENT (check	all that apply)			S. M. A. C. C. Secretary of the control of the cont				
Check Cr	edit Card	Money Ord	ler 1	None	Other (please ide	entify):			
Deposit Accoun				0650	Deposit Accoun				
	*	-		r is hereby a	uthorized to: (cl	***************************************	pply)		
	ge fee(s) indica	-		-	· ·		elow, except for the	filing fee	
Char		nal fee(s) or unde	erpayments o	of fee(s)		overpayments		3	
VARNING: Information	on this form may	become public. C	Credit card info	ormation shou	d not be included o	n this form. Pro	vide credit card		
nformation and authoriza EE CALCULATIO			e unan filin	g or may h	e subject to a s	ircharae)			
	COMPANY TO SHEET TO SHEET TO SHEET THE SHEET SHEET TO SHEET		NAMES OF THE OWNERS OF THE OWN	A REAL PROPERTY AND A PROPERTY OF THE PROPERTY	e subject to a st	ir charge.)			
i. DADIC FILMO,	I. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
	_	mall Entity		mall Entity	_	Small Entity			
Application Type		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fees</u>	<u> Paid (\$)</u>	
Utility	330	82	540	270	220	110	***************************************		
Design	220	110	100	50	140	70	-		
Plant	220	110	330	165	170	85	***************************************		
Reissue	330	165	540	270	650	325	***************************************		
Provisional	220	110	0	0	0	0	****		
2. EXCESS CLAIM	FEES							Small Entity	
Fee Description							<u>Fee (\$)</u> 52	<u>Fee (\$)</u>	
` ' '								26	
Each independent claim over 3 (including Reissues)								110	
Multiple dependent claims Total Claims - 20 or HP Extra Claims Fee (\$) Fee Paid (\$) M								195	
$\frac{1000 - 200 + 11}{19} = \frac{200 + 11}{19} = 2$					Fee Paid (\$)		Fee (\$)	Dependent Claims Fee Paid (\$)	
HP = highest number of				0 =	<u>U</u>		<u>Fee (3)</u>	ree raid (3)	
Indep. Claims	3 or HP	Extra Clair	ns Fe	ee (\$)	Fee Paid (\$)		all de la constant de		
2 -	3	= 0		0 =	0				
HP = highest number of	f independent cl	aims paid for, if gr	eater than 3.						
3. APPLICATION				, , ,		~· ·			
							ce or computer listing 50 sheets or fraction		
		and 37 CFR 1.		(4100 101 01)	0111117 / 101 01	i uuuitioilai	. 20 moon of mach	1101001.	
Total Sheets	Extra S		Number o		tional 50 or fra		Fee (S)	Fee Paid (\$)	
	00 =	/50=		(round	up to a whole nu	mber) x			
4. OTHER FEE(S)		#120 C (4! · · · · · · · · · · · · · · · · · · ·				Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 3 month extension to time (1110) and RCE (810)								1000	
Other (e.g., late	filing surchar	ge): 3 month e	xiension to	une (1110)	and KCE (810)	7/10		1920	
SUBMITTED BY	/\		ري ر						
Q!	11/11	14			gistration No.				
Signature	11000		1	(A	ttorney/Agent)	22,132	Telephone 4	12-471-8815	